STATE									
	IPDR6702	07/10/2005		TDDG	NORTH CAROLINA		PAGE	: 1	
Temperature	KUN DATE:	07/10/2003							
Marchest					FINANCIAL PAYER: NCDMH				
Marchest									
March Marc									
100 100					DESCRIPTION				
	I COLUMN	PROVIDER NAME	1000	DENTITED	DEDUKET 110M	DENIALS	DENIALS	FINALIZED	PAID
	3404901	SMOKY MOUNTAINM	8505	176	CLAIM DENIED DUE TO INSUFFICIE				
MARTING COMP 3					NT BUDGET				
MARTING COMP 3									
MARTING COMP 3			0	0					
NETT NOTE			0	0		0	176	176	0
NETT NOTE									
NUMBER	3404902	BLUE RIDGE COMM	23	8	SERVICE REQUIRES PRIOR APPROVA				
144544 MOTTOR RIGHLAN 559 1					L				
144544 MOTTOR RIGHLAN 559 1									
144544 MOTTOR RIGHLAN 559 1			0	0					
SOLIDE			0	U		0	8	8	0
SOLIDE									
STATE STAT	3404904	WESTERN HIGHLAN	8599	1	DETAIL NOT COVERED BY COMBINAT				
A					ION OF RECIPIENT, PROVIDER AND				
104910 24 25 25 25 25 25 25 25					BENEFIT PACKAGE.				
104910 24 25 25 25 25 25 25 25				0					
100 100			u u	U		0	1	43	42
100 100				 					
100 100	3404910	PATHWAYS	8599	301	DETAIL NOT COVERED BY COMBINAT				
SHEETT PACKAGE. 1									
REST 15 15 15 15 15 15 15 1									
REST 15 15 15 15 15 15 15 1									
	_		21	83	DUPLICATE OF CLAIM-SYSTEM	9	528	10426	9898
				—					
			8621	35	60 RESIDENTIAL LEVEL III TREAT				
ENTAL HEALT STATE									
ENTAL HEALT STATE									
### 1999 ###	3404912	CATAWBA COUNTYM	8931	105					
ION OF RECIPIENT, PROVIDER AND		ENTAL HEALT			RVICES IN IPRS.				
ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND			8500	44	DETAIL NOT COVERED BY COMBINAT				
			0333	44		125	220	1303	1083
ANA SERVICES Service									
3404913 MECKLENBURG COM 21 707 DUPLICATE OF CLAIM-SYSTEM			143	30	CLIENT ID NUMBER NOT ON STATE				
ENTAL HEALT ENTEL HEALT ENTAL					ELIGIBILITY FILE				
ENTAL HEALT ENTEL HEALT ENTAL									
ENTAL HEALT ENTEL HEALT ENTAL	0404040		0.4	202					
11 606 CLIENT NOT ELIGIBLE ON SERVICE 520 2736 4746 10	3404913		21	707	DUPLICATE OF CLAIM-SYSTEM				
DATE S599 458 DETAIL NOT COVERED BY COMBINAT		ENTAL HEALT							
DATE S599 458 DETAIL NOT COVERED BY COMBINAT									
DATE S599 458 DETAIL NOT COVERED BY COMBINAT			11	606	CLIENT NOT ELIGIBLE ON SERVICE	520	2758	4746	1988
INTEGRAL						320	2,30	4740	1500
INTEGRAL									
INTEGRAL									
BENEFIT PACKAGE.			8599	458					
3404916 CROSSROADS BEHA 21 351 DUPLICATE OF CLAIM-SYSTEM				-					
VIORAL HEAL				 	DENNE LA FRONTIGE.				
VIORAL HEAL	3404916	CROSSROADS REHA	21	351	DUPLICATE OF CLAIM-SYSTEM				
Second S				1					
ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND									
BENEFIT PACKAGE. 191 12 CLIENT IO NUMBER DOES NOT MATC H FATIENT NAME ONLY FOUR UNITS ALLOWED PER MO AN SERVICES NTH 120 34 CLIENT ID NUMBER MISSING OR IN 43 152 2432 22 VALID. ENTER CID AND SUBMIT AS A NEW CLAIM 8933 20 ADTNC INELIGIBLE TO RECEIVE SE			8599	58		1	431	1539	1108
191 12 CLIENT ID NUMBER DOES NOT MATC									
### PATIENT NAME ####################################				—	BENEFIT PACKAGE.				
### PATIENT NAME ####################################			191	12	CLIENT ID NUMBER DOES NOT MATC				
1404917		+	1	<u> </u>			1		
AN SERVICES NTH 120 34 CLIENT ID NUMBER MISSING OR IN 43 152 2432 22 VALID. ENTER CID AND SUBMIT AS A NEW CLAIM 8933 20 ADTNC INELIGIBLE TO RECEIVE SE				 					
AN SERVICES NTH 120 34 CLIENT ID NUMBER MISSING OR IN 43 152 2432 22 VALID. ENTER CID AND SUBMIT AS A NEW CLAIM 8933 20 ADTNC INELIGIBLE TO RECEIVE SE				I					
AR SERVILES 120 34 CLIENT ID NUMBER MISSING OR IN 43 152 2432 22 WALID. ENTER CID AND SUBMIT AS A NEW CLAIM 8933 20 ADTNC INELIGIBLE TO RECEIVE SE	3404917	CENTERPOINT HUM	8651	40	I .				
VALID. ENTER CID AND SUBMIT AS A NEW CLAIM 8933 20 ADTNC INELIGIBLE TO RECEIVE SE					NTH				
VALID. ENTER CID AND SUBMIT AS A NEW CLAIM 8933 20 ADTNC INELIGIBLE TO RECEIVE SE									
VALID. ENTER CID AND SUBMIT AS A NEW CLAIM 8933 20 ADTNC INELIGIBLE TO RECEIVE SE			100	24	OVERNOR TO MINABEL MEGATIVE CO.				
AS A NEW CLAIM 8933 20 ADTNC INELIGIBLE TO RECEIVE SE		1	140	34		43	152	2432	2280
8933 20 ADTNC INELIGIBLE TO RECEIVE SE				1	I .				
			-	 	CONTRACTOR CONTRACTOR				
		+	8933	20	ADTNC INELIGIBLE TO RECEIVE SE				
				1					

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	THOUTDEN HEED				DENTITED	DENTITED	LIMBIBB	111111
3404919	GUILFORD CO MEN	21	123	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC							
		8599	62	DETAIL NOT COVERED BY COMBINAT				
		0333	02	ION OF RECIPIENT, PROVIDER AND	10	229	3512	3283
				BENEFIT PACKAGE.				
		5404	13	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404920		0	n	*** NO DATA TO REPORT ***				
3404320	ALAMANCE CASWEL	0	o .	NO DATA TO REPORT				
	L AREA MH D							
		0	0		0	0	0	0
2404021		0500	24	DEMAND NOW COMPANY OF COMPANY				
3404921	ORANGE PERSON C	8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	HATHAM AREA			BENEFIT PACKAGE.				
		10	33	DIAGNOSIS OR SERVICE INVALID F	3	157	1886	1729
				OR CLIENT AGE. VERIFY CID,		-37	2300	
				DIAGNOSIS, PROCEDURE CODE FOR				
		0.000						
		8630	8	SIX OCCURRENCES OF CMAO SERVIC ES HAVE PROCESSED AND PAID, PA				
		-		ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER				
		1						
3404922	THE DURHAM CENT	21	2160	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8599	725	DETAIL NOT COVERED BY COMBINAT	0	3068	5280	2212
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	66	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404923	5 COUNTY MH	8599	66	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE		4.04	4400	4050
				DATE	U	121	1180	1059
		143	14	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
2404025		0500	20	DEMAND NOT COMPANY OF COMPANY				
3404925	SANDHILLS CENTE	8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD	1		BENEFIT PACKAGE.				
		120	7	CLIENT ID NUMBER MISSING OR IN	1	38	442	404
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		0024	4	MENG THE TOTAL TO DECISE TO				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		<u> </u>		NYTOGO IN IFRO.				
		1						
3404926	SOUTHEASTERN RE	24	773	PROCEDURE CODE, PROCEDURE/MODI				
	G MENTAL HL			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8599	255	DETAIL NOT COVERED BY COMBINAT	153	1749	8855	7106
								ı
				ION OF RECIPIENT, PROVIDER AND				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	237					
		143	237	BENEFIT PACKAGE.				
			237	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404927	CUMBERLAND CO M	143	237	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT				
3404927	CUMBERLAND CO M		237	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404927			237	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT				
3404927		8599	237	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927			237 32	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI	0	47	1204	1157
3404927		8599	32	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	47	1204	1157
3404927		8599	237	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI	0	47	1204	1157
3404927		8599	237	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI	0	47	1204	1157
3404927		8599 8952	237	BENNETT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELICIBLITY FILE DETAIL NOT COVERED BY COMBINAT TON OF RECEPTERT, PROVICER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED	0	47	1204	1157
3404927		8599 8952	237	BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELICIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION 60 RESIDENTIAL LEVEL II TREATM	0	47	1204	1157

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930		0	0	*** NO DATA TO REPORT ***				-
3404330	JOHNSTON COUNTY	ŭ .		NO BILLI TO REPORT				
	MNTL HLTHC							
		0	0		0	0	0	
					-			
3404931	WAKE CO HUM SVC	11	233	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
		8621	58	60 RESIDENTIAL LEVEL III TREAT	38	370	1947	157
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		0.004	26	AMENIC THE TOTAL TO DECEMBE OF				
	-	8931	36	AMTNC INELIGIBLE TO RECEIVE SE				
	-			RVICES IN IPRS.				
	+							
3404932		n	0	*** NO DATA TO REPORT ***				-
3404332	RANDOLPH/SANDHI	_		NO DITTI TO INDICAT				-
	LLS CO MH C							
	+	-						—
		0	0		0	0		-
	+	-			0	0	0	
	+	-						.
3404933	SOUTHEASTERN CT	11	41	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
	A FOR PIE/DD	-						.
	+	-						
	+	8931	6	AMTNC INELIGIBLE TO RECEIVE SE	-	49	68	
	1		-	RVICES IN IPRS.		49	00	1
	+	+						
	1							
		8599	2	DETAIL NOT COVERED BY COMBINAT				
	1			ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
3404934	ONSLOW CARTERET	8599	48	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
	Daniel Harry			BENEFIT PACKAGE.				
		8622	33	60 RESIDENTIAL LEVEL II TREATM	1	130	1508	137
	1			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
	1	8950	24	CLIENT ONLY ENROLLED IN TRACKI				
	1			NG POP GROUP. MUST ALSO BE				
	1			ENROLLED IN A FUNDED POP GROUP				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
3404936	WILSON-GREENE M	8931	7	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8932	6	CMTNC INELIGIBLE TO RECEIVE SE	14	29	889	86
	 	1		RVICES IN IPRS.				
	+							
	+	191	4	CLIENT ID NUMBER DOES NOT MATC				
	+	191	19					
	+			H PATIENT NAME				
	+	1						
3404937	nnongovena va all	21	148	DUPLICATE OF CLAIM-SYSTEM				
	EDGECOMBE NASH MNTL HLTH C	-						—
	PRIVILE REIT C	-						
	+	-						.
	+	5404	6	SEVERE DUPLICATE: SAME ATTD PR	0	158	1004	167
	+			OV/PCODE/TOS/DOS/MOD	0	158	1831	167
	+		1	· · · · · · · · · · · · · · · · · · ·				
	+							
	+	8599	4	DETAIL NOT COVERED BY COMBINAT				
	1			ION OF RECIPIENT, PROVIDER AND				
	†			BENEFIT PACKAGE.				
	1							
3404939	NEUSE MENTAL HE	8599	196	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
	1							
	1	8329	46	CLAIM DENIED ATTENDING PROVIDE	7	350	2613	226
	+			R CANNOT BE THE SAME AS	· · · · · · · · · · · · · · · · · · ·	230	2013	220
	+			THE LMA				
	+							
	1	143	20	CLIENT ID NUMBER NOT ON STATE				
	1			ELIGIBILITY FILE				

r							TOTAL	moma -
PROVIDER	1	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	PITT CO MH/DD/S	11	321	CLIENT NOT ELIGIBLE ON SERVICE				
	AS CENTER			DATE				
	-							
	+	8329	197	CLAIM DENIED ATTENDING PROVIDE	5	866	1680	814
	-			R CANNOT BE THE SAME AS	3	000	1000	014
				THE LMA				
		21	194	DUPLICATE OF CLAIM-SYSTEM				
	+							
	+							
3404942	ROANOKE CHOWANH	21	34	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	44	209	16
	+			RVICES IN IFRS.				
	+							
	-	191	3	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
0.10.10.10								
3404943	ALBEMARLE MENTA	11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	L HEALTH CE		 	MARK M				
	+		 					
		5404	31	SEVERE DUPLICATE: SAME ATTO PR	23	149	755	60
				OV/PCODE/TOS/DOS/MOD				
		0.4	0.0					
		21	23	DUPLICATE OF CLAIM-SYSTEM				
	+							
3404944	EASTPOINTE HUMA	8935	18	ASTNC INELIGIBLE TO RECEIVE SE				
	N SERVICES			RVICES IN IPRS.				
		8931	13	AMTNC INELIGIBLE TO RECEIVE SE	34	65	1206	114
	-			RVICES IN IPRS.				
	+							
	+	191	11	CLIENT ID NUMBER DOES NOT MATC				
	+			H PATIENT NAME				
3404946	FOOTHILLS AREAM	23	26	SERVICE REQUIRES PRIOR APPROVA				
	ENTAL HEALT			L				
	-							
	+	191	1	CLIENT ID NUMBER DOES NOT MATC	0	27	50	2
	1			H PATIENT NAME			30	-
2121257								
3404957	TIDELAND MENTAL	21	68	DUPLICATE OF CLAIM-SYSTEM				
	HEALTH CTR		 					
	+		 					-
	+	8599	44	DETAIL NOT COVERED BY COMBINAT	13	152	873	72
	1			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404						
		5404	12	SEVERE DUPLICATE: SAME ATTO PR				
	+		-	OV/PCODE/TOS/DOS/MOD				-
			 					
3404979	NEW RIVER AREAM	11	44	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
	<u> </u>					<u> </u>		
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE	13	66	1388	132
			—	RVICES IN IPRS.				
	+		-					ļ
	+	120	7	CLIENT ID NUMBER MISSING OR IN				
	+		 	VALID. ENTER CID AND SUBMIT				
	+		1	AS A NEW CLAIM				
				1				